

**U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
EMERGENCY INCIDENT PURCHASE ORDER**

<b>ISSUING OFFICE:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

<b>VENDOR:</b>		<b>Contact:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>DUNS#:</b>		<b>TIN#:</b>	

☐ SMALL   ☐ SMALL DISADVANTAGED   ☐ WOMAN OWNED   ☐ SDVOSB   ☐ HUBZONE

<input type="checkbox"/> PURCHASE	<input type="checkbox"/> DELIVERY	<input type="checkbox"/> TASK ORDER #
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<input type="checkbox"/> AWARD AGAINST ESTABLISHED CONTRACT #
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☐ SPECIFICATIONS   ☐ STATEMENT OF WORK ATTACHED  
☐ TERMS & CONDITIONS ATTACHED  
☐ SERVICE CONTRACT ACT WAGE DETERMINATION ATTACHED  
☐ DAVIS BACON WAGE DETERMINATION ATTACHED

<b>INCIDENT NAME:</b>	<b>INCIDENT #:</b>
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Resource Order #	Item/Service Description	Quantity	Unit of Issue	Price	Amount
<input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> FOB ORIGIN				<b>SHIPPING COST</b>	
				<b>TOTAL</b>	

<b>DELIVERY DATE:</b>	<b>DISCOUNT TERMS:</b>
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<b>SHIP TO:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

<b>CONTRACTING OFFICER:</b>		
<b>Phone:</b>	<b>Fax:</b>	
<b>Signature:</b>	<b>Date:</b>	

<b>PAYMENT METHOD</b>	
<input type="checkbox"/> Purchase Card (last 4 digits):	<b>Expiration Date:</b>
<input type="checkbox"/> Check #:	<b>Date:</b>
<input type="checkbox"/> Submit invoice to Issuing Office for payment by EFT	

<b>COST CODE</b>	<b>ST</b>	<b>OFC</b>	<b>SUBACTIVITY</b>	<b>PE</b>	<b>PROJ #</b>	<b>BOC</b>
<input type="checkbox"/> 1099 Completed		<input type="checkbox"/> FPDS Completed		<b>Date:</b>		

**Attachment 1**